Advisory Committee on Trauma
May 19, 2004
Minutes

Present: Dr. Paul Harrison, Dr. Dennis Allin, Dr. Scott Seller, Dr. Brent Rody, Kimberla Nutting, Leanne Irsik, Lois Towster, Robert Orth, Roger John, Kerry McCue, Tim Pitts, Connie Meyer, Pat Dowlin, Sen. David Haley

Absent: Dr. Craig Concannon, Jack Shearer, Sen. Susan Wagle, Rep. Jim Morrison, Rep. Judy Showalter, Mark Bradford, Pam Kemp

Dr. Harrison called the meeting to order at 9:40. Minutes accepted and approved.

State Trauma Plan:

The state trauma program 5-year budget was reviewed along with the implementation schedule (Click to view schedule) that was developed as part of the 2001 Kansas Trauma plan. As part of the Kansas Trauma Plan there were five priority areas that were initially identified for implementation. The five priority areas are: Trauma registry, Regional Councils, Trauma Center Verification, Training and Education and Pre-Hospital EMS. Action steps were developed for each of these areas. Rosanne reviewed the progress that had been made in each of these areas.

Hospital verification is the one area that was identified as being behind schedule. As part of earlier EMS funding from HRSA, states were requested to complete a survey on trauma system development based upon established criteria. The results of the survey was reviewed by the group. While HRSA may modify the criteria by which they determine the status of a state's trauma system, it is not expected that they will completely change the criteria. Kansas is one of four states that met less than 3 of the West Components. Until such time as Kansas meets more of these criteria, we will not be recognized as having a trauma system. It was reported that the same information that was being shared with the ACT is also being shared by the feds with Congress. Questions might be asked as to why the state was being provided funding for trauma system development when we were ranked so low.

Questions were asked as to the seven criteria used to rank states. Several committee members thought we might be close to responding positively to several of the criteria but we weren't there yet. For example, several hospitals are ACS verified but ACS verification is not formally recognized by the state or required. We have a registry but we do not have a formal mechanism by which we evaluate performance of trauma care delivery. Questions were also raised as to what were acceptable methods by which to evaluate system performance.

Melissa asked that Rosanne provide a list of the questions and rationale behind them so that we could further evaluate how we might meet the established criteria.

Rosanne reviewed the 5 year financial plan. The budget numbers for 2003 are based on actual dollar amounts. The end of the state fiscal year 2004 is June 30, 2004 so revenue and expenditures were estimated for FY 04. Note was made of the fact that all fee funds are now being assessed a charge of 25% on all expenditures starting July 1, 2004. This will impact the amount of dollars available to spend on program priorities. With the 25% indirect fee added, we

can't continue to support the current level of funding. The "Consortium for Improvement of Trauma Education" provided notice of their intent to terminate their contract as of June 30, 2004. It was noted that based on the implementation schedule, education and training needs were to be evaluated in year 4.

There was discussion as to what should be the next steps and how other states approached the situation and what their funding sources were. Before we approach the legislature for additional funding, we will need to establish that we have made progress with the registry and regional plan development.

Rosanne will develop a new 5-year implementation plan for presentation at the August meeting based upon the progress made to date.

Program Update:

Introduction of Susan Quinn:
Susan Quinn was introduced as the trauma registry analyst who has taken the place of Sherry Davis. Susan has a BS in industrial engineering and accounting. She has had a great deal of experience with computer programming and hospital information systems. She returns to Kansas after nine years at the Nebraska Medical Center in Omaha.

EMD Project:
The contract has been written with KFMC to administer grant funds for the EMD project. The total amount of the contract was $108,000 with each of the regions receiving approximately $17,000 to support training and education for instructor EMDs. Each of the regions has completed their second survey; several have identified instructors who are willing to teach EMD classes within their region. The NC region has done a particularly good job of promoting this project. With the exception of one county within their region, they will all be working with the same dispatch protocols.

Federal EMS/Trauma Grant:
After debate as to whether or not Kansas was going to apply for the third year of funding, an application was submitted to the feds. The third year of the grant required three state dollars for every one dollar received from the feds. Thereby requiring $120,000 of state dollars for $40,000 from the grant. Due to this match requirement, we asked that we be allowed to change our goals and objectives from EMD dispatch for this third year and focus more on data collection and performance improvement. By doing this, we were allowed to use the funding currently used to support the registry activities as match for the grant. An abstract of the proposed project was shared with the committee. (Click here to jump to Abstract) We have not received notice that our grant has been approved. It was submitted April 30 with funding to start August 1, 2004.

PowerPoint Presentation:
As was discussed at the last ACT meeting, a PowerPoint presentation was developed and has been posted to the KDHE web site for use by the regions and others to promote trauma system development in Kansas. (Click Here to View) Mark Bradford, Jack Shearer and Dr. Osbert Blow provided input into the development of the presentation. It is suggested that the regions might include data from the trauma registry as part of their presentation.

ACT Appointment Process:

There are six positions on the committee up for appointment by the Governor. Each of the respective sponsoring organizations has been notified of the need to submit names to the Governor's office. The terms expire on June 30th and the Governor's appointment secretary would like to have the appointment process completed by that time.

It was announced that Jack Shearer has resigned his position as the SW representative as of June 30th. Jack has taken a new job and will be leaving the state. The NW RTC will submit names to the Governor's office for consideration as his replacement. Dr. Harrison said that he would like to acknowledge the contributions that Jack has made in the state on trauma system development.

Regional Trauma Councils:

It was requested that the ACT provide clarification as to who should hold the position of "hospital administrator" on the regional trauma council executive committees. Several regional trauma councils have experienced the situation where there has been a lack of interest among hospital administrations to serve on the executive committees. The 2001 Kansas Trauma Plan, which was approved by the legislature, clearly outlines the 5 membership groups that are to serve on the executive committee. The person elected to the hospital administrator position should serve in the capacity as a spokesperson for their facility and have overall administrative responsibilities for their facility. If the regions need assistance in recruiting hospital administrators to serve on the executive committee, KHA can be used as a resource to help in the process.

The ACT was requested to approve sponsoring a statewide fall meeting of all regional executive committee members. The meeting last year was seen as highly beneficial and the regions would like to request another meeting. The motion was made by Leanne Irsik to sponsor the meeting again, seconded by Bob Orth and approved by the committee.

Regional Trauma Plans:

Cindy Rosebrook, coordinator for regional plan development gave an update on the status of the regional trauma plans. She reported that a great deal of regional trauma plan development has taken place since the last ACT meeting. Most of the trauma plan development began in the regions with the distribution of the Trauma Capabilities Survey/Assessment. Four regions have distributed the survey/assessment: NC, NE, SC, and SW. The NW is in the process of mailing theirs out and the SC is meeting later this month to discuss.

The NC and NE planned a meeting to go over the assessment. The SC, SW planned to do follow-up as needed. The NC RTC held a meeting at the Beloit Country Club inviting both hospital representatives and the trauma registrar. All but two of the hospitals in the region had representatives at the meeting. They had 100% return of their resource surveys. Their executive committee is to be commended for the effort they made in calling all hospitals within the region.

The NE RTC held a breakout session at their general membership meeting in May to discuss the survey and make plans for completion of their regional trauma plan. There has been clarification asked regarding several of the survey questions such as physician availability, peer review teams, and the definition of the ED physician. We have updated the survey definition guide for the

remaining two regions to hopefully provide clarification on these issues. Some of these questions have raised concerns about the reliability and consistency of the data collected. The development of regional "Data Review Teams" could help by noting areas needed for follow-up during the review process.

NC RTC Report:

Pat Dowlin representative from NC reported to ACT that Executive Committee meetings were conducted on March 4th and April 8th in Salina. The EMD survey was completed by John Hultgren. A planning meeting with EMD centers was conducted in May. The trauma plan meeting was very successful. They had 11 out of 13 hospitals with 34 total attendees. Thirteen people signed up to help with regional trauma plan development. EagleMed Trauma Service gave a presentation about the service they are starting in Salina. Pat also reported that the NC region would like to see change in the trauma education contract. She reported that the NC region would like to request the ACT change the criteria for inclusion in the trauma registry from the current 48 hour length of stay to 24 hours. She said with decreased length of hospital stays this might provide a more accurate picture of trauma cases.

Rosanne asked that this request be referred to the Trauma Registry Subcommittee for review and their recommendation be reported back to the ACT.

NW RTC Report:

Kimberla Nutting provided the update for the NW region. An Executive Committee Meeting and General Meeting were held on April 29, 2004 at the Hays Medical Center.

- The General Membership meeting was held on April 29th. Gary Curmode, Chief of the Sedgwick County Fire Department District #1, was the featured speaker at the General Membership Meeting. Chief Curmode was in charge during the 1998 DeBruce Grain Elevator explosion in June 1998. Dr. Harrison provided the ACT update.
- Bylaws were approved that extended the terms of the current executive committee members for an additional year.
- The membership approved the recommendation (to the Governor) to reappoint Kimberla Nutting as the NW RTC representative.
- Regional Trauma Plan Development
    - Planning a Regional Trauma Plan Meeting in Quinter
        - Date: June 22nd
        - Survey/Guide and invitations will go out by the end of this week.
- EMD- Darren Haynes completed the survey in the NW region. Planning is moving forward.
- The next Executive Committee meeting will be on July 28, 2004 from 6:00 pm to 7:30 pm at the Hays Medical Center.

Kimberla also reported that the NW region would like to request future spending for trauma education include more than the previous 3 classes- TNCC, PHTLS and ATLS. Dr. Harrison reminded the committee that while these requests will be considered after evaluation, the current budget for trauma education has been reduced.

NE RTC Report:

In the absence of Mark Bradford, Darlene Whitlock newly elected NE executive committee member requested to report on NE activities.

An Executive Committee meeting was held April 5, 2004, at KU Medical Center.

- The General Membership meeting was held on May 10. Bylaws revisions were approved by the general membership. Elections were held as half of the executive committee seats expired this year.
- On May 10, 2004 a pre-meeting prior to the general membership meeting was held to discuss the Trauma Capabilities Resource Assessment and regional trauma plan. In addition, a group convened for the purpose of EMD training planning. Dave Price and Tim Flanary of the Pottawatomie Tribal Services EMS completed the EMD survey in the NE region.
- Regional Trauma Plan Development
    - Trauma Capabilities Assessment and Guide were mailed out April 29.

Darlene reported that she and Dr. Longabaugh taught a PHTLS class recently in Sabetha.

Dr. Osbert Blow reported that Lois Towster has also coordinated several trauma classes within the last quarter that were sponsored by Overland Park Regional Medical Center.

SC RTC Report:

Tim Pitts provided a report for the SC RTC. An Executive Committee meeting was held on April 15, 2004 at the Hutchinson Hospital.

- Staff Education
    - The SC RTC 2004 education survey was mailed in April. A report will be provided at the general meeting scheduled on June 11, 2004 at Via Christi in Wichita. The meeting will be located at the North end of the cafeteria.
    - All executive committee member seats are up for election during the general meeting on June 11.
- EMD-The survey was completed by Terry David and planning is in progress.
- Regional Trauma Plan and assessment
    - Trauma Capabilities Survey was sent out on April 27, 2004 with a due date of May 14, 2004.
        - Have received 21 out of 35
        - Working with the executive committee to get surveys turned in.
- SC RTC General Membership meeting will be held on June 11, 2004 at Via Christi in Wichita, from 10:00 to 1:00pm.
- The next SC RTC Executive Committee meeting has been scheduled on May 26, 2004, at 9:00. The meeting will be located at Wesley Medical Center in Wichita, Intrust D.

SE RTC Report:

Chris Way provided the report from the SE. An executive committee meeting was held on March 18, 2004 at Labette County Medical Center in Parsons.

- The SE RTC general meeting was conducted on January 26, 2004 at Labette County Medical Center in Parsons. Dr. Osbert Blow from Overland Park Regional Medical Center presented on trauma patient triage. Executive committee elections were conducted, as five seats will expire at the end of May. New members will begin to serve in June 2004. Bylaws revisions were approved by the general membership.
- An ATLS course was conducted on April 23 and 24 at Labette County Medical Center in Parsons. The course was filled to capacity and was considered a success.
- A TNCC course was held in Parsons in April.
- The EMD telephone survey was completed by Chris Way in the SE region and planning is in progress.

The next executive committee meeting is scheduled tomorrow at Labette County Medical Center in Parsons starting at 1:00.

Dr. Harrison expressed his gratitude to those in the SE that sponsored the ATLS class in Parsons. He reported that it was a very successful class due to their efforts.

SW RTC Report:

In the absence of Jack Shearer, Kendra provided the report for the SW. An Executive Committee meeting was held on April 13, 2004.

- The SW RTC General Membership meeting was held on April 13, 2004, in Garden City at St. Catherine Hospital.
    - Dr. Stephen Smith presented trauma case studies.
    - Bylaws were approved that extended the terms of the current executive committee members for two additional years.
- EMD-Survey has been completed. Plan development is in progress.
- Regional Trauma Plan Development and Assessment
    - The Trauma Capabilities Survey was sent out on April 20, 2004 with a due date of May 14, 2004.
        - Have received 10 out of 18
        - Working with the Chairperson in getting all surveys in.

The next executive committee meeting has been scheduled on July 28, 2004 from 1:00 to 2:30 at the Western Plains Medical Complex Annex Building.

Board of EMS Update:

David Lake reported that it was a good legislative session for Emergency Services and EMS. He reported the following on the following legislative actions.

- Authorization for KDOT to continue development of 800 MHz radio system and establishment of a statewide communication plan.
- Passed a wireless, E-911 bill
- Passed a law prohibiting the public from possessing a device for the use of changing traffic signals from red to green
- A stable funding source fee from 25% of fire insurance premiums will fund the Board of EMS
- $75,000 set aside to conduct a pilot program for statewide EMS data collection
- $200, 000 in education incentive funds for rural, volunteer services

Some things that didn't happen

- First Responder name change to Emergency Medical Responder
- Change to our Temporary Certification statute
- Primary Seat Belt law
- Child Passenger Safety Restraint bill

Dr. Brent Rody reported that the Kansas legislature this session approved and passed legislation providing a positive change in funding for hospitals.

David reported that the EMS Regions will change from the current 4 to 6. This change in boundaries will match the current trauma regions as well as the Emergency Preparedness and Hospital Bio-terrorism regions. BEMS plans to hire a new person for out I-T operations. He will begin June 7th and brings an extensive formal education and on-the-job experience in computer systems.
We will be having a three-day site-visit by the National Registry of EMT's June 28th through 30th. On July 13th, NEDARC will make a "state visit" for the purpose of assisting us with the data collection project. The EMSC project has provided funds to assist the BEMS with data collection.

TBI: Awareness Building Activities Project:
Vanessa Smith was introduced. She works for KFMC as the coordinator for the TBI Awareness Building Activities Project. KFMC was awarded this contract as part of the TBI grant activities coordinated by SRS. Michael Deegan is the SRS coordinator for the grant. Vanessa will be coordinating forums on TBI issues within 6 communities in Kansas including Chanute, Hays, Salina, Wichita, Garden City and Lawrence. Vanessa described the project and forums to the committee and invited any members that would like to become panel members, guest speakers or participants to contact Vanessa at vsmith@kfmc.org. Vanessa's phone number is: 800-432-0770.

EMSC Project:
Lori Haskett, Director of the office of Injury/Disabilities Program introduced Jeanette Shipley. Jeanette provided an overview of current grant activities that are underway. Jeanette has participated in several of the regional trauma council meetings. The EMSC project this year is sponsoring activities at both the KEMSA and KEMTA conference. Jeanette is working on sponsoring both PALS and PEPP classes in the future. Jeanette currently is looking for a physician to serve as medical advisor for the EMSC project. It was suggested since Jeanette is working closely with the Garden City community as a PALS instructor she might contact one of the family physicians there.

Trauma Registry Report:
Greg Crawford provided a report on the trauma registry, which was handed out. This provided the number of facilities that have reported for 3rd and 4th quarter 2003. (Click Here to View Reports Web Page) There was a drop in the number of hospitals reporting in 4th quarter compared to 3rd quarter. The first quarter's data for 2004 is expected by May 31st. Reminders are sent out to hospitals prior to the deadline for reporting. KDHE has a new email address for reporting data or other issues related to the registry. Greg provided an overview of statewide

data reported to the central site registry. He reported that we are currently working with hospitals in Joplin per request of the SE RTC to share data on those patients transferred from Kansas. There are several data points not collected in the Missouri registry that are required in the Kansas system. We are working with DI and the hospitals to provide aggregate data back to the SE region. Melissa stated her concern that hospitals in Missouri would be asking for something in return from the Kansas registry. There were issues expressed regarding the trauma registry software. A flow chart will be developed to help smaller facilities that may only enter transfer data. Statewide training is being planned for July. First priority will be given to those facilities that have not been trained. Leanne expressed her concern about the long delay between training classes. Several of the level 1trauma centers have offered the expertise of their registry staff to other facilities if there are questions regarding software training.

Trauma Registry Subcommittee Recommendations:

Greg provided a handout (Click to View) with the recommendations from the March meeting of the Trauma Registry Subcommittee. The recommendations were reviewed and discussed. The motion was made by Dr. Brent Rody and seconded by Kimberla Nutting. The motion passed as presented. The approved recommendations on trauma case criteria will be implemented as presented in the fall 2004.

Meeting adjourned at 2:40 pm. Next meeting Wednesday August 25, 2004

Implementation Schedule

YEAR	*ACTIVITY*
Phase One	July 1, 2000- June 30, 2001
Year 1	**Trauma Registry** • Design trauma registry minimum data set and case definition • Purchase software for state system and hospitals **Regional Councils** • Develop 1 regional trauma council **Trauma Center Verification** • Develop self-assessment tool **Education & Training** • Identify education and training needs • Develop plan to increase availability of training to meet needs **Pre-Hospital EMS** • Begin development of a Statewide EMS Plan
Phase Two	July 1, 2001 - June 30, 2003
Year 2 & 3	**Trauma Registry** • Implement trauma registry in hospital facilities & state level • Provide facility training and develop reporting groups for small facilities • Develop standard reports for regional councils • Begin epidemiological analysis to identify prevention opportunities **Regional Councils** • Develop 5 regional trauma councils • Begin development of regional plans • Identify and prioritize training needs **Trauma Center Verification** • Facilities self-assess using ACS criteria • ACS verification for level I and II hospitals • Develop state verification process for level III & IV hospitals **Education and Training** • Provide training for hospital self-assessment • Facilitate educational trauma programs for health professionals • Public awareness programs developed based on data **Pre-Hospital EMS** • Training implemented to support usage of trauma triage guidelines
Phase Three	July 1, 2003- June 30, 2005
Year 4 & 5	**Trauma Registry** • Provide on-going training to hospitals • Collect data, provide reports to regional councils • Reassess registry software and rebid new contract **Regional Councils** • Complete 6 regional trauma plans • Implement performance improvement activities • Implement and assess prevention activities • Coordinate training activities to meet priority needs **Education and Training** • Evaluate outcome of educational training efforts • Evaluate public awareness activities **Trauma Center Verification** • Implement state verification process for level III & IV hospitals • Evaluate the verification system • Provide training and technical assistance with hospital performance improvement using trauma registry data **Pre-Hospital EMS** • Statewide communication system implemented

Trauma-EMS Systems Grant Program Kansas
Project Abstract

Grantee: Kansas Department of Health and Environment

Project Number: CFDA 93.952
Project Period: 08/01/02 - 07/31/05

Problem

Traumatic injuries are a leading cause of death and disability in Kansas and are a significant health problem. In 1999 as a result of legislation, an Advisory Committee on Trauma was established and the Kansas Department of Health and Environment was assigned responsibility as the lead agency.

Goals & Objectives

The goals of the Kansas Trauma-EMS assessment project for year three are:

Goal 1: Design and implement a practical and efficient process to measure and evaluate state trauma system performance and impact on trauma morbidity and mortality.

Goal 2: Develop regional trauma plans using an approved template and based upon the unique needs and resources of each of the six regional trauma councils.

Goal 3: Update the database of Kansas hospitals and key contacts.

Goal 4: Trauma data will be reported on a quarterly basis to the state registry as required by state statute.

These goals will be accomplished through

- Identification or recommendations for processes that can be utilized for measuring system improvement using existing data resources including the trauma registry
- Identification of a process by which the system can be evaluated while ensuring patient and provider confidentiality which is in compliance with state and federal laws
- Development and adoption of regional trauma plans which can be utilized to facilitate implementation and operation of a comprehensive regional trauma care system based upon accepted standards of care to decrease morbidity and mortality resulting from injury
- Information gathered using the hospital resource assessment tool will be entered into a database which can be utilized as a baseline in development of regional trauma plans

- Contracting with a qualified vender to provide review of current state and federal laws and make recommendations to address any deficiencies in an effort to develop processes for addressing system improvement
- Updating the database of hospitals and contacts and utilizing the Kansas Rural Health System listserv to disseminate trauma-related information.

Methodology

During the first grant period, KDHE identified a contractor who had the resources and capability to conduct statewide needs assessment relative to EMD communications and operations in the State. Knowledge of emergency dispatch and trauma systems standards was required as well as an understanding of the State's medical care and public health system. During the second year of the grant, the contractor, KDHE and the regional trauma councils implemented strategies identified in Year 1 to address education needs for emergency medical dispatch. KDHE provides updates annually to the database of hospitals and key contacts. During the third year of the grant, KDHE will review current state laws in an effort to implement and evaluate trauma system improvement using information from both the regional trauma plans and trauma registry data.

Coordination

The KDHE Trauma Program Director will provide overall guidance and direction to the project with input from the Advisory Committee on Trauma.

Evaluation

The methods used to reach Year 3 objectives will include formative, process, and outcome evaluation methods. Formative evaluation will be used to develop processes for system improvement. Process and outcome evaluation will be utilized in data collection and regional plan development. The Advisory Committee on Trauma will be provided quarterly updates on grant progress.

Experience to Date

A database of agencies who provide EMD services was developed. A contact person was identified for each of the agencies providing medical dispatch service. A survey tool was developed with input from a variety of organizations and agencies. The survey was distributed to all appropriate agencies in the State. The response rate was greater than 86 percent. The data was compiled and the regional trauma councils are charged with developing a plan to identify the type of nationally approved dispatch instructor training they would like to pursue within each of their regions in an effort to increase the number of trained EMD providers. A template for the regional trauma plans and resource assessment survey tool has been approved by the Advisory Committee on Trauma and information is currently being collected.

Kansas Trauma Registry Subcommittee Recommendations, March 2004

Issue 1:

Under the procedures section, should Procedure start and stop time be required only if the procedure is a surgical procedure?

KTRS Recommendation:

Times would be required only if the procedure is an operating room procedure. Hospitals generally record these times accurately. Some ED procedures may not have start/stop times and the information may be of no value.

Issue 2:

Should the registry inclusion criteria be changed to include all admitted, transferred, or deceased patients, ages 0-14, who meet registry ICD-9 CM criteria?

KTRS Recommendation:

Change the inclusion criteria to capture the pediatric trauma cases. New criteria would be implemented in 2004Q4 and new criteria briefing cards would be printed. Cards would include a revision date.

Issue 3:

Should drowning and electrocution trauma patients be included in the ICD-9CM categories of the registry inclusion criteria?

KTRS Recommendation:

These two categories and categories for hangings and lightning strikes should be included in the ICD-9CM registry inclusion criteria. Inclusion criteria would be structured such that mechanism of injury (ICD-9CM) or external cause of injury (E-codes) would trigger selection of the trauma case into the registry if length of stay criteria were met. An implementation date will be set upon approval by the ACT.

Additional Cause Codes, Issue 3 *

Cause	*ICD9 CM*	*E Codes*
Drowning	994.1	E964, E910, E954
Electrocution	994.8	E958.4, E968, E925
Lightning	994.0	E908
Hanging	994.7	E953.0. E913.__

** List subject to revision*

Issue 4:

Should the medication data element options be changed from current medication classes to specific drug names?

KTRS Recommendation:

This change was not recommended as the subcommittee agreed that it would require frequent updates of the software to include new drugs in "pick lists" and in light of new comments from hospitals that they did not think the change was necessary.

Issue 5:

To remain consistent with revised NTDB required data elements, should the field "primary payer" become a state-required field in the registry?

KTRS Recommendation:

The subcommittee agreed to recommend inclusion of the change – incorporated in the 2005 Collector software update – with about nine categories of payer included in a "pick list." Payer categories are Auto, Commercial Insurance, Medicare, Medicaid, Private Charity, Workers Compensation, Self Pay, Military, and Other.

Issue 6:

To remain consistent with revised NTDB required data elements, should a calculated field to total the number of days between arrival date and procedure date be included in the Collector software?

KTRS Recommendation:

The subcommittee – upon hearing the calculation would be done in background by the Collector software and would not require additional keying – agreed to add the field to the software. It was noted that the absence of this value – due to missing arrival or procedure dates – would likely trigger a validation check when hospitals complete the case record. The change would be incorporated in the 2005 software revision.

Issue 7:

To remain consistent with revised NTDB required data elements, should a field denoting whether the injury was work-related be included in the Collector software?

KTRS Recommendation:

The subcommittee recommended this field not be included in the Collector software because of the difficulty at the hospital-level in determining whether the injury was work related.

Issue 8:

To remain consistent with revised NTDB required data elements, should a calculated field to total the number of days between injury date and admission date be included in the Collector software?

KTRS Recommendation:

Since Collector software would perform the calculation in background no additional keying would occur, the subcommittee agreed to add the field. Absence of this value – due to missing arrival or procedure dates – would likely trigger a validation check when hospitals complete the case record. The change would be incorporated in the 2005 software revision.